IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Randall F. Hornick, et al.

Art Unit: 3623

Serial No.: 09/771,358

Examiner: Deshpande, Kalyan K.

Filed: January 27, 2001

For:

METHODS AND SYSTEMS

FOR IDENTIFYING

PROSPECTIVE CUSTOMERS AND MANAGING DEALS

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 Transmittal (3 pages)
 Amendment in response to Office Action dated July 12, 2007 (34 pages)

STATUS

2. Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.										
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.1 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below										
Exte	ension for re	esponse w	ithin:	C	Other than small entity Fee	Small entity Fee (if applicable)					
			first month	\$	120.00	\$ 60.00					
			second month	\$	460.00	\$ 230.00					
		\boxtimes	third month	\$	1,050.00	\$ 525.00					
			fourth month	\$	1,640.00	\$ 820.00					
			fifth month	\$	2,230.00	\$1,115.00					
					Fee Due	\$ 1,050.00					
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)											
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.											
	Extension fee due with this request \$ 1,050.00										
OR											
(b) Applicant believes that no extension of term is required. However, conditional petition is being made to provide for the possibility to applicant has inadvertently overlooked the need for a petition for of time.											

FEE FOR CLAIMS

4.	The fee	for cla	ims (37 (C.F.R. 1.16(b	o)-(d)) has b	peen calculated as s	hown	below: OTHER THAN				
	(Co	ol. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY				
	REMA AF	NIMS AINING TER DMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE				
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$				
INDEP.			MINUS		=	x \$105.00 = \$		x \$210.00 = \$				
	FIRST PRESENTATION OF			MULTIPLE DEP. (CLAIM	+ \$185.00 = \$		+ \$370.00 = \$				
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONA FEE \$				
(a) No additional fee for Claims is required												
					OR							
	(b)		Total a	dditional fee	for claims	required \$						
				FEE !	PAYMEN'	Т						
5.		Attach	ned is a c	heck in the s	um of \$							
	Charge Deposit Account No. 01-2384 the sum of \$1,050.00. A duplicate of this transmittal is attached.											
FEE DEFICIENCY												
6.	6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.											
	AND/OR											
If any additional fee for claims is required, charge Deposit Account 2384.												
7.		Other	:									
					Reg AR One St. 1	niel M. Fitzgerald 6 g. No. 38,880 MSTRONG TEASI e Metropolitan Squa Louis, MO 63102 /621-5070						